

# RCG-32 Charitable Games Event Workers' Attendance List

### Read this information first

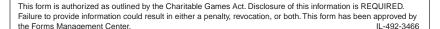
Form RCG-32 must be completed after each charitable games event your organization conducts and must be submitted with Form RCG-18, Charitable Games Tax Return and Report, filed for the date(s) listed in Step 1.

Members, employees or volunteers of your organization who participated in the management or operation of your charitable games event must complete Step 2. If more than 20 individuals worked your

event, additional Forms RCG-32 must be completed. Setting and cleaning up, selling concessions or working in the kitchen, and providing security for persons or property do not constitute participation in the management or operation of a charitable games event.

The presiding officer of the charitable games event must complete Step 3.

#### Step 1: Fill in the following information Date(s) of charitable games event: Organization's name: Month Dav Year Charitable games license number: Month Dav Year **Note:** Complete the second date entry only if your events were held consecutively. Step 2: Complete the workers' perjury statement Under penalties of perjury, I certify that I worked a charitable games charitable games event; that I am not a professional gambler or have event for the organization on the date(s) identified in Step 1. I also not been convicted of any felony within 10 years of the date of this certify that I have not participated in the management or operation of certification or of any violation of the Criminal Code of 1961, Article 28; more than four charitable games events within this calendar year; and that I am not employed by or do not have any interest in any that I have not received any remuneration or compensation directly or person, firm or corporation that holds a charitable games provider's indirectly for participating in the management or operation of any or supplier's license. Worker's name (print or type) Worker's name (print or type) Social Security number Social Security number Worker's signature Date Worker's signature Date Worker's name (print or type) Worker's name (print or type) Social Security number Social Security number Worker's signature Worker's signature Date Worker's name (print or type) Worker's name (print or type) Social Security number Social Security number Worker's signature Worker's signature Date Worker's name (print or type) Worker's name (print or type)



Social Security number

Worker's signature



Worker's signature

Social Security number

## Step 2: Complete the workers' perjury statement (continued)

Under penalties of perjury, I certify that I worked a charitable games event for the organization on the date(s) identified in Step 1. I also certify that I have not participated in the management or operation of more than four charitable games events within this calendar year; that I have not received any remuneration or compensation directly or indirectly for participating in the management or operation of any

charitable games event; that I am not a professional gambler or have not been convicted of any felony within 10 years of the date of this certification or of any violation of the Criminal Code of 1961, Article 28; and that I am not employed by or do not have any interest in any person, firm or corporation that holds a charitable games provider's or supplier's license.

9			15		
	Worker's name (print or type)		Worker's nan	me (print or type)	
	Social Security number	_	Social Secur	ity number	
	Worker's signature	Date	Worker's sign	nature	Date
10			16		
	Worker's name (print or type)		Worker's nan	me (print or type)	
	Social Security number	_	Social Secur	ity number	
	Worker's signature	Date	Worker's sign	nature	Date
11			17		
•	Worker's name (print or type)		Worker's nan	me (print or type)	
	Social Security number	_	Social Secur	ity number	<del></del>
	Worker's signature	Date	Worker's sign	nature	Date
12			18		
12	Worker's name (print or type)		Worker's nan	me (print or type)	
	Social Security number	_	Social Secur	ity number	<del></del>
	Worker's signature	Date	Worker's sign	nature	Date
13			19		
13	Worker's name (print or type)		Worker's nan	ne (print or type)	
	Social Security number	_	Social Secur	ity number	
	Worker's signature	Date	Worker's sign	nature	Date
14			20		
	Worker's name (print or type)		Worker's nan	me (print or type)	
	Social Security number	_	Social Secur	ity number	
	Worker's signature	Date	Worker's sign	nature	Date

## Step 3: Sign below

Under penalties of perjury, I certify that Step 2 on all Forms RCG-32 submitted with the Charitable Game Tax Return, Form RCG-18, contains an accurate and complete listing of all persons who participated in the management or operation of the charitable games event(s) for which the Form RCG-18 is filed. I certify that these persons are bona fide members, volunteers or employees of the licensed organization identified in Step 1; that none of them partici-

pated in the management or operation of more than four charitable games events within this calendar year; and that none of them received any remuneration or compensation directly or indirectly for participating in the management or operation of the charitable games event conducted by the licensed organization. I also certify that my organization has complied with all of the provisions of the Charitable Games Act.

Presiding officer's signature	Date